STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s	s) <u>Karen Hicks</u>			
II. Name of lobbyist's	s partnership, firm o	r corporation, if a	ny:	
Civix Strategy Grou	up, LLC			
(Nan	ne of partnership, firm or	corporation)		i
114 North Main Stre	et STE 203	Concord	NH	03301
	cet)	(Town/City)	(State)	(Zip Code)
(603) <u>573-9661</u> (Telephone)	()(Fax)	e-mail <u>Karen@</u>	<u>DCivixstrategygroup</u> .com
III. This statement co reportable expense tr				may file a separate report for
All reportable trans	sactions occurring in t	he months prior to t	he reporting date relative to	o the following client:
	(Full Name of Client a	s it appears on the Lo	bbyist Registration Form)	
<u>OR</u>				
☐ All reportable trans unrelated to any particular.		t (including the lobl	oyist's family), or the lobby	ying firm listed below which are
IV. Date of Report Reports cover: activi	April 24, 2019 😡	ion to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30	0/19
	October 30, 2019 Eactivity from 7/1/19 to 9.		January 29, 2020 [activity from 10/1/19 to 12	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.				
VI. Check if addition:	al reports are attache	ed:		
☑ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses				
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B - Report of Honorariums or Expense Reimbursement				
☐ If you, your firm, o	or your family has mad	de political contribu	itions, you must file Adder	ndum C- Political Contributions
Sworn Statement/Affi I have read RSA 15, R and complete to the be-	SA 15-B, RSA 14-C a st of my knowledge ar	nd RSA 664 and he	ereby swear or affirm that the the swear or affirm that the swear or affirm the swear or affirm that the swear or affirm that the swear or affirm that the swear or affirm the swear	he foregoing information is true Q Date)
Karen Hicks				
TERRITOR NAME OF JOBBYS	SEE			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Civix Strategy Group, LLC	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>900.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0.00</u> year)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>900.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reparance purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of a pole: meals purchased during a business than \$10 that is given to the personal ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	a) \$ <u>0.00</u> b) \$ <u>0.00</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>0.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		e) \$ <u>0.00</u>
Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount: S S S S S S S S S S S S S	f) Total of all expenses year to date	f) \$ <u>0.00</u>
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Wath U.24.19 (Signature of lobbyist) (Date)	Provide the following detail for all expenditures of more than \$25 made from le	obbying fees during this reporting
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use Use	Paid to:	Amount:
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Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Use of lobbyist) (Signature of lobbyist) (Date)	,	
(Signature of lobbyist) (Date)	Sworn Statement/Affirmation by Lobbyist	
(Signature of lobbyist) (Date) Karen Hicks	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Karen Hicks		
		(Date)
	(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Feltes (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2500.00 Office Candidate is Seeking Incumbent NH Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above figs.4mount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Craig Joyce (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 Office Candidate is Seeking Incumbent Manchester May. If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	I. Name of Lobbyist(s)	Karen Hicks		
Name of Client	II. Name of lobbyist's pa	、 artnership, firm or coa	poration, if any:	
Name of Client	Civix Strategy Group 11	r		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Feltes Clast Name) (Itast Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2500.00 Office Candidate is Seeking Incumbent NH Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Craig Joyce (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)				
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Full name of candidate: Feltes Dan (Last Name) (First Name) (Middle Name/Initial)	III. Name of Client			Date
Amount of contribution \$ 2500.00				ster 664 paid on behalf of the
Amount of contribution \$ 2500.00 Office Candidate is Seeking Incumbent NH Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Craig Joyce (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 Office Candidate is Seeking Incumbent Manchester Mayor of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	Feltes	Dan	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Craig Joyce (Last Name) Office Candidate is Seeking Incumbent Manchester Mayer of the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	•		(First Name)	(Middle Name/Initial)
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Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$ _	500.00		
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	actual cost of the in-kind co enter an estimated value and	ntribution on the line abo I the word "estimate."	ve for amount of contribu	
	Full name of candidate:			(Middle Name/Initial)
	and the second second		•	,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Signature of lobbyist) (Date)
(Print Name of lobbyist)

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	Affirmation by Lobb ne and Expenses for:	•	
Name of Lobbying pa	rtnership, firm, or corpo	oration: Civix Strategy Gr	oup, LLC
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	(one):		v
April 24, 2019 ☑	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
1 Addendum C(s).		
-	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
Carent	rell	_ 	4/24/19
(Signature of lobbyist)	•		(Date)
Karen Hicks			
(Print Name of lobbyi	st)		

APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE